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properly classifled.

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;----Ward)

[It death occurred in a hospital or institution.

FULL NAME Valiant St.	Cobott give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single,  Married,  Widowed,  Ordivorced of the form of the state of the	18 DATE OF DEATH  (Wonth) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  MOV 2, 1914  (Month) (Day (Year)	that last saw h we alive on Sept 12, 191 5
7 AGE   If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at 2 m, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	Cerchal Managalia,  (Duration) Luck word of.
9 BIRTHPLACE (State or country) DEVL Island 10 NAME OF FATHER Wm 6 abbott	Contributory Secondary  (Duration) yrs mos ds.  (Signed) QCCYCLOT M. D.
11 BIRTHPLACE OF FATHER (State or country) Euls Island  12 MAIDEN NAME OF MOTHER  12 MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MOTHER  19 MOTHER  10 MOTHER  10 MOTHER  11 BIRTHPLACE OF FATHER  12 MAIDEN  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MOTHER  18 MOTHER  18 MOTHER  19 MOTHER  19 MOTHER  10 MOTHER  10 MOTHER  10 MOTHER  11 MOTHER  11 MOTHER  12 MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Darctusta, Co	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death
(Interment) The To The Best of My KNOWLEDGE	Where was disease contracted, It not at place of death?  Former or usual residence
(Address) Evel Island	Drole Stand Stall 3, 1914
Filed Jeph 1915- Oddie leveres	20 UNDERTAKER ADBRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



#### Valent & BAT

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

, who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-, etc. If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canwhich surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State canse for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart fuilnre," "Haemorrhage," "Inaultion," "Maras Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tnmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 "Dropsy," "PUERPERAL septichac-The nature of the "Exhaustion," For vio



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Coun	Sommer	CERTIFICATE O
	ge or City Danklin Aisl (No,	Registration Dis
	FULL NAME KULL Ballas	*
7	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O
SE	4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  Month  17   HEREBY CERTIFY, That I att
8 DA	TE OF BIRTH  (Month) (Day) (Year)	that I last saw handle alive on
7 AG	if LESS than 1 day, hrs. OR min.?	and that death occurred on the date sta The CAUSE OF DEATH * was as follow
par (b bus	CCUPATION ) Trade, profession, or ticular kind of work ) General nature of lodustry ciness, or establishment in ich employed (or employer)	Probably Flans mon
9 Bi	RTHPLACE (State or country)	Contributory Secondary (Burstion)
PARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causino Death, or, Causes, state (1) Means of Injury; and (Suicidal or Homicidal.
PAR	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, I OR RECENT RESIDENTS)  At place In the ef death
	(Informant)	Where wes disease coolracted,  If not al place of death?  Former or  usual residence
15	(Address) Principal Character (17)	19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKEB
File	REGISTRAR	Fer Corbin
1	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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#### STATE OF MARYLAND RTIFICATE OF DEATH

Registration Dist. No.-

fif death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL CE	RTIFICATE OF	DEATH
16 DATE OF DEATH	Jept Month)	29 , 1912 (Day) (Year)
17 I HEREBY CERTII	FY, That I atte	nded deceased from
, 191	, to	, 191
that I last saw hall align	e on	, 191
and that death occurred	n the date star	ted above, atn
The CAUSE OF DEATH *	was as follows	./
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Louis	VV3	
Probable - Ju	can mon	14
1.1		
	(Duration)	yrsmosd
Contributory Secondary		model delications.
2 40 V	(Burntion)	yrsmas(
War Jan	Sydagas	alles of M
(Signed)	harring a state of the state of	
	dress)	
*State the Disease Cau Causes, state (1) Means of Suicidal or Homicidal.	DE INJURY: and (2	n deaths from VIOLENT ) whether ACCIDENTAL,
18 LENGTH OF RESIDENCE (	FOR HOSPITALS, IN	STITUTIONS, TRANSIENT
OR RECENT RESIDENTS)	. In the	
of deathyrsmes		yrsmos(
Where was disease coolracted,		
Former or		
usual residence		
19 PLACE OF BURIAL OR RE	MOVAL	DATE OF BURIAL
Werblin De	of.	9/3/ 1915
20 UNDERTAKER	1	ADDRESS
Ger Corbin		19- Ann
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[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. employed, as At school or At home. Care should be is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planler, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tclanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," cough; Chronic valeular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . . . . (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) SUICINAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping Struck to determine definitely. Examples: Accidental drowning; "PUERPERAL perilonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. by railway train-accident; Revolver wound of "Senile," etc.), "Dropsy," The contributory (secondary or intercurcarbolic acid-probably State cause for which "Exhaustion,"



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH 8 Registration Dist. No. OCCUPATION If death occurred in St:....Ward) a hospital or institution. give its NAME Instead of sfreef and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDDWED. (Month) (Day) ORDIVORCED (Write the word) HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH ciassified. (Month/ (Day) (Year) If LESS fhan 7 AGE and that death occurred on the date stated above, at 2 1 day, .... hrs. The CAUSE OF DEATH \* was as follows: properly 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, pe business, or establishmenf in may which employed (or employer) Contributory (Secondary) certificate. <sup>9</sup> BIRTHPLACE (State or country) that 10 NAME OF FATHER (Signed) 80 5 back 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL 12 MAIDEN NAME plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 9 Af piace in the OF MOTHER of death ...... yrs. ..... mos. ..... ds. of Infor State or country State yrs. mos. ds Where was disease contracted. 14THE ABOVE IS TRUS If not at place of death? Former or HO usual residence. Important. 19 PLACE OF BURIAL OF REMOVAL ш OF BURIAL (Address)..... Every 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childhirth or miscarriage, as "Tuesperal scptichacmus," "Old Age," "Shock." 'Traemia," "Weakness," scpsis, tetanus) may be stated under the head of dent; Revolver wound of had-homicide; Potsoned which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Meastes (disease causing death), 29 ds. nant neoplasms); Measles; Whooping cough; Chronical is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Examples:



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No [It death occurred in St.; Ward) a hospital or Institution, give its NAME Instead ot street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. 191 WIDOWED (Month) (Year) (Day (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE Z OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) ARE 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_\_ mos. Where was disease contracted. 14 THE ABOVE IS If not at place of death?. Former or (Intormant) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line wili be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synoning is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) For vio-



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V. S. No. 1.

1 PLACE OF DEATH	15010	STATE OF MARYLAND
County Somerset	30043	CERTIFICATE OF DEATH
Journey		Registration Dist. No. 269
Orisle	mak .	(If death occurr
Village or City	No.	a hospital or institu
FULL NAME Voc	o Perruia	Broman of street and Aumi
PERSONAL AND STATISTICA	N PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 4   4 COLOR OF BACE   5 S	INGLE,	16 DATE OF DEATH
	IARRIED,	(Month) (Day)
	R DIVORCED Write the word)	17 I HEREBY CERTIFY, That I attended deceased
6 DATE OF BIRTH	10 = 10.15	June 20 , 191 , to Sight 10 , 11
(Month)	(Day) 19/V (Year)	that I last saw head alive on Alfal 11.
7 AGE:	If LESS than	and that death occurred on the date stated above, at $\mathcal{S}_{\cdots}$
yrs: mos,	ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION		
(a) Trade, profession, or		J. O. C. L. S. Sh. D. J.
particular kind of work		
(b) General nature of Industry	***************************************	(fluration) ure mos
(b) General nature of Industry business, or establishment in which employed (or employer)		Contributory Syn call 2
(b) General nature of Industry business, or establishment in	ile mh	Contributory Syncofs.
(b) General nature of Industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	le mh	Contributory Secondary  (Ouration)  (Ouration)  (Ouration)
(b) General nature of Industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Musley 24	le mh	Contributory Syncofs Secondary  (Ouration) yre mos.  (Signed) A Secondary
(b) General nature of Industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Musley 14	le ml Boznace	Contributory Syncofs. Secondary  (Ourailon) yre mos.  (Signed) A Carby  (Address) Oracle
(b) General nature of Industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	le mh	Contributory Secondary  (Ouralion)  (Signed)  (Address)  (Address)
(b) General nature of Industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER  (State or country)  11 BIRTHPLACE (State or country)	ile mil Bogman iole mil	(Signed) (Quralion) (Quralion) (Signed) (Signed) (Address) (Addres
(b) General nature of Industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or eountry)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or eountry)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	le mh Bozman isle mik ik Janes	Contributory Secondary  (Signed)  State/the Disease Causino Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accident Suicidal for Homicidal.  Suicidal for Homicidal.  18 Length of Residents  or Recent Residents  At place  In the
(b) General nature of Industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	ile mil Bogman iole mil il faces K Creek Mi	Contributory Secondary  (Quration)  (Signed)  (Signed)  (Signed)  (State/the DISEANE CAUSINO DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident Suicidal for Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS)  At place in the of death, yrs, mos, ds. State,, yrs, mos, where was disease contracted,
(b) General nature of Industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST O	ile mil Bogman isle mil il faces Kreek mil F MY KNOWLEDGE	(Signed) (Quration) (Quration) (Signed) (Quration) (Quration) (Signed) (Quration) (Qurat
(b) General nature of Industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	ile mil Bogman isle mil il faces K breek mi F MY KNOWLEDGE Moble	Contributory Secondary  (Quration)  (Signed)  (Signed)  (Signed)  (State/the Diseane Causino Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accident Suicidal or Homicidal  18 Length of Residence (for Hospitals, Institutions, Trans or Recent Residents)  At place the death yrs. mos. ds. State, yrs. mos.  Where was disease contracted, if not at place of death?  Former or usual residence
(b) General nature of Industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST O	ile mil Bogman iole mil il. Joues K breek mi F MY KNOWLEDGE Moble Le mil	Contributory Secondary  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (State/the Diseane Causino Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accident Suicidal or Homicidal.  18 Length of Residents  At place  or Recent Residents  At place  of death  yrs.  mos.  Where was disease contracted, if not at place of death?  Former or
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[Approved by U. S. Census and American Public Health Association.]

6 yrs.). write None or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Hausekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grovery: (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton cian, Campositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, "Foreman," "Manager." "Dealer," etc., without more mobile factory. business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physiis provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Caal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchapneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if inpossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, Struck by railway train-accident; Revolver surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which cause. Always qualify all diseases resulting from child-birth or miscarriage as "PUERPERAL septicharmia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inantition," "Maraslapse," "Coma," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds.. Never report mere rent) affection need not be stated unless important. eough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... "Anaemia" nephrilis, ctc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Paterperal septicharmia, (Recommendations wound of



V. S. No. 1.

(Address) -

15

#### RECORD PERMANENT INK UNFADING WITH

state PHYSICIANS should of OCCUPATION IS EXACTLY. properly Ped be gdna may certificate. 9 5 back plain See instructions Information 5 DEATH 0 OF mportant. Every Ite m ż

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. I'lf death occurred in -Ward) a hospital or lostitution. give ils NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, 1915 WIDOWED. (Month) (Day (Year) Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, 1 day ..... hrs. The CAUSE OF DEATH \* wss as follows: .min. ? 8 OCCUPATION (a) Trade, protession, or Housewo particular kind of work (b) General nature of industry, business, or establishment In (Duration) \_mos.. which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. Secondary (Duration) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Al place In the OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE

of death yrs	_ mos ds.	State	yrs,	mos.	1
Where was disease contra			•		
If not at place of dealh?-					
Former or					
usual residence					
Garat Legiacitée	***************				

9 PLACE OF BURIAL OR REMOVAL	Seht & 19
9.11015-07-04-50	10

Jenn Medera

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal scotichaevalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report For VIO-



UNFADING INK-THIS

WRITE PLAINLY, WITH

PERMANENT

H No. ó

#### Very PHYSICIANS should of OCCUPATION IS Exact statement EXACTLY. stated Every item of information should be carefully supplied. AGE should be signed. CAUSE OF DEATH in plain terms, so that it may be properly classified. certificate. See instructions on back of (State or country Important. 15 œ. ż If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1/

Co	1 PLAGE OF DEA	sel-	15851		7
V	FULL NAME		noundin	d	11
3 SE	personal and stack	RACE 5 SII	PARTICULA  NGLE, ARRIED, DOWED, OUVORCEO  rite the work	igle	16
6 D	ATE OF BIRTH	Month)	(Day)	, 19/5 (Year)	tha
7 AC	geyrs	mos.	ds.	If LESS than 1 day,hrs. ORmin.?	The
(a) par (b) bus	CCUPATION Trade, profession, or ticular kind of work  General nature of industry, ness, or establishment in ch employed (or employer)	ne			
9 BI	RTHPLACE tate or country) Mc	ryle	and		
TS	10 NAME OF FATHER	Kuroo	d low	llen	(SI:
PARENT	OF FATHER (State or country)	nary r neli	a Wil	Viame	16
	13 BIRTHPLACE OF MOTHER				At

REGISTRAR

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;... .....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	CERTIFICATE OF	DEATH	
16 DATE OF DEATH	Sept-	(Day)	, 1915
17 I HEREB	Y CERTIFY, That I a		
······································	91, to	***************************************	, 191
hat I last saw hal	live on		191
nd that death occurred	on the data stated i	mand to in	
		DOVE, at	n
he CAUSE OF DEATH *	was as follows:		
Pana	lure Bir	. J	
1 (Tyma	une on	Ur.	******************
***************************************		***************************************	
	(Poweller)	•	
7	(Duration)	yrsm	os d
Contributory	MULY - 13	Dulle	• • • • • • • • • • • • • • • • • • • •
(Secondary)			
	V 121	yrsm	osd
		100	
(Signed)	Dicking	repro	M
04-01-0 1-	116	- Dair	, M.
Sept 9, 1915	(Address) Mphe	-Fair	mound
04-01-0 1-	(Address) Manual	deaths from (2) whether	Mount VIOLENT ACCIDEN
State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOM:	(Address)	(2) whether	ACCIDEN-
State the DISEASE C CAUSES, State (1) MEA TAL, SUICIDAL, OF HOME 16 LENGTH OF RESIDEN OR RECENT RESIDENTS)	(Address)	(2) whether	ACCIDEN-
*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOM: 18 LENGTH OF RESIDEN OR RECENT RESIDENTS) At place	AUSING DEATH, or, in NS OF INJURY; and ICIDAL.  ICE (FOR HOSPITALS. IN	(2) Whether	ACCIDEN-
*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOM: 16 LENGTH OF RESIDENTS) At place of death	AUSING DEATH, or, in NS OF INJURY; and ICIDAL.  ICE (FOR HOSPITALS, In the ds. State	(2) whether	ACCIDEN-
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*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOM: OR RECENT RESIDENTS) At place of death yrs. mos Where was disease contracted, if not at place of death?	AUSING DEATH, or, in NS OF INJURY; and ICIDAL.  ICE (FOR HOSPITALS, In the ds. State	(2) Whether	ACCIDEN-
*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOM:  16 LENGTH OF RESIDENTS) At place of death yrs. mos Where was disease contracted, If not at place of death? Former or usual residence.	(Address)	(2) whether	ACCIDENT
*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOM:  16 LENGTH OF RESIDENTS) At place of death yrs. mos Where was disease contracted, If not at place of death? Former or usual residence.	(Address)	(2) Whether	ACCIDENT
*State the DISEASE C CAUSES, State (1) MEA TAL, SUICIDAL, OF HOM:  16 LENGTH OF RESIDENT OR RECENT RESIDENTS) At place of death yrs. mos Where was disease contracted, If not at place of death? Former or	(Address)	(2) whether	ACCIDENT
*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOM:  16 LENGTH OF RESIDEN OR RECENT RESIDENTS) At place of death yrs. mos Where was disease contracted, if not at place of death? Former or usual residence.	(Address)	(2) whether	ACCIDENT

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from husiness, that fact may be indi-CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman."

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puenperal peritonitis," etc. State cause for childhirth or miscarriage, as "Turerenal scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. -Keart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Dehility" ("Conmere symptoms or terminal conditions, such as "Are Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing nant ncoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," \_ (name origin; "Candeath), 29 ds. "Exhanstion," Never report Examples: For vio-



	PLACE OF DEATH	STATE OF MARYLAND
Co	unt Aomersel 10002	CERTIFICATE OF DEATH
	Q. Q.	Registration Dist, No. 700
Vil	lage or City Mueasphus (No	St.; Ward) [It death occurred is a hospital or institution,
	Home of the second	give Its NAME Instead of street and nomber.]
	FULL NAME	Julia
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Male) 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, ORDINORED (Write the word)	16 DATE OF DESTRICTION (Month) (Day (Year)
6 D	ATE OF BIRTH	1 HEREBY CERTIFY, That I attended deceased from
	april 15 18411	1914, to VI filler, 1915.
7 A	(Month) (Day (Year) (GE It LESS than	that I last saw h 1222 alive on All Feet 1915
	t day,hrs.	and that death occurred on the date stated above, at
	yrs mos ds OR min. ?	Macreio Consulsions
(a)	OCCUPATION Trade, profession, or Tarmen	to New York State Control of the State Control of t
	rticular kind of work.	
bus	lness, or establishment in Jarmine	(Ouration) yrs. 6 mas. ds.
-	RTHPLACE (State or country)	Contributory Kronec Cophartis
	Lo mersen Camo	A (Quration) there no many as
	10 NAME OF FATHER Carmend Decrees	(Signed) has be leaven the M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Somerset & Mu	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PAR	12 MAIDEN NAME WELLE Brookloss	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LERGH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR STEED AND ADDRESS OF THE STEED ADDRESS OF TH
	13 BIRTHPLACE OF MOTHER (State or county) Somerse to, mel	At place In the ot death yrs mos ds. State yrs, mos ds
14 7	HE ABOVE STRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) Calvord Dennes	Former or usual residence
	(Address Smees Clience Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	1 201:11	Trues Buy 9/13- 1918
Fil	ed 9/10 1915 Mulh	20 UNDERTAKER Solver ADDRESS
1	If more blanks are needed, address State Regist	trar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the honsehold only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Satesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civit engineer, Stationary fireman, etc. But in many first line will be sufficient, c. g., Farmer or Ptanter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The

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nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valentar heart disease; Chronic interstitiat nephritis. eer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclascpsis, telanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-Broncholmcumonia (secondary), 10 ds. thre of the American Medical Association. "Contributory." by carbolic acid-probably snicide. The nature of the dent; Revotver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," (Recommendations on statement of etc.), "Dropsy," "Exhaustlon," Never report



/	RECORD	PHYSICIANS should state of OCCUPATION is very
V. S. No. 1. MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
		4

1 PLACE OF DEATH	1585
County Courset	1000

Village or City



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 260

St.;....Ward)

[if death occurred in a hospital or institution, give its NAME Instead of street and number.]

FULL NAME Sochella Wear	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
**COLOR OR RACE Single, MARRIED, WIDDWED, ORDIVORCED (Write the word)	18 DATE OF DEATH  (Month) (Day (Year)
ATE OF BIRTH	that I last saw h alive on, 191
If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:  Probably acrite dealstate of least  (sudden death calcile feathing)
General nature of Industry, Iness, or establishment in ch employed (or employer)	(Duration) yrs mos ds.  Contributory Secondary
10 NAME OF FATHER Search Concern.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) (Buration) Yrs mos ds.  (Signed) (Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs, mos. ds
(Informant)  (Address)  (Address)	Where was disease contracted, If not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  ADDRESS  DIESE  DIES
	PERSONAL AND STATISTICAL PARTICULARS  EX  COLOR OR RACE  MARRIED, WIDOWED, ORDINORCED (Write the word)  ATE OF BIRTH  (Month)  (Day  (Year)  (Remeral nature of Industry, ness, or establishmed in the employed (or employer)  (State or country)  (Address)  (Address)  (Address)  (Address)

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be eutered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman,"

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synouym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, perilongeum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Canaffection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., mia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanitlon," "Mara's "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," The nature of the "Exhaustlon,"



RECORD PERMANENT 4 -THIS UNFADING WITH PLAINLY. WRITE

15854 1 PLACE OF DEATH PHYSICIANS should state of OCCUPATION is very St.; 2FULL NAME Exact statement PERSONAL AND STATISTICAL PARTICUL MEDICAL CERTIFICATE OF DEATH EXACTLY. 3 SEX 4 COLOR OR BAGE 5 SINGLE, MARRIED. WIDOWED, (Write the word) OF BIRTH properly classified. be (Month) (Day (Year) 7 AGE if LESS than 1 day hrs. mos .... OR ..... min. ? AGE BOCCUPATION (a) Trade, protession, or particular kind of work... supplied. pe (b) General nature of Industry, business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) carefully that it 10 NAME OF FATHER 80 plain terms, so be PARENTS 11 BIRTHPLACE pinous OF FATHER (State or country) 12 MAIDEN NAME See instructions OF MOTHER information 13 BIRTHPLACE DEATH IN OF MOTHER (State or country ō OF (Informant) Item Every item CAUSE OF Important. (Address) ua. 20 UNDERTAKER 10 z If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

-Ward)

[If death occurred in a hospitat or institution, give its NAME Instead ot street and number.]

DATE OF DEATH	Less	2/	1915
2	(Month)	(Day	(Year)
17 I HEREB	Y CERTIFY, The	t I attended o	eceased from
, , , , , , , , , , , , , , , , , , ,	191, to		, 191
that I last saw ha	live on	•••••••	, 191
and that death occurred	on the date state	ed above, at	m
The CAUSE OF DEATH			(
Was be	11/11	dien	
answer	Sect	frey (	den
A FE	each	bise	Ti de la constitución de la cons
Contributory C	(Duration)	a no	11. D.
Secondary	V. W. V.C.	L. J. W.	- ASSI
·····	(Derration)	yrs	mosds
(Signed)	6 (Derration)	ell.	
80/1911	(Address) 6	. 0.	00
*State the DISEASE (CAUSES, state (1) MEA	CAUSING DEATH, ONS OF INJURY:	or, in deaths	from VIOLENT
TAL, SUICIDAL, OF HOM.	ICIDAL.		
18 LENGTH OF RESIDEN OR RECENT RESIDENTS)	CE (FOR HOSPITAL	s, Institution	S, TRANSIENTS
At place	in the		
of death yrs mos	ds. State	yrs,	mos ds
If not at place of death?			
Former or			
usuel residence		***************************************	
19 PLACE OF BURIAL O	PEMOVAL	DATE OF	

DDRESS

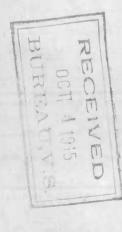
No. 1. 202

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid diseased); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Caroin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canscpsis, tctanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICINAL, or as probably which surgical operation was undertaken. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) (Recommendations on statement of State cause for For VIO-



PERMANENT BINDING ED INK ESERV UNFADING MARGIN WITH

state CERTIFICATE OF DEATH PHYSICIANS should of OCCURATION IS Registration Dist. No. Ilt death occurred in St .:....Ward) a hospital or institution. RECORD give Its NAME Instead of street and number.] nunce statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR MAGE DATE OF DEATH MARRIED. WIDOWED, (Month) (Day (Year) OROIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH ciassified (Month) (Day 7 AGE If LESS than 1 day ..... hrs. ..... 20m properl POCCUPATION AG (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country Contributory. Secondary 10 NAME OF FATHER 0 back ARENTS 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 2 13 BIRTHPLACE At place in the OF MOTHER (State or country of death. \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State DEATH Where was disease contracted. if not at place of death?. Former or FO usual residence. Important. ы PLACE OF BURIAL OR REMOVAL ATE OF BURYAL Every (Address) 15 29 UNDERT DORESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

STATE OF MARYLAND

1915

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is ucc-Physician, Compositor, Architect, Locomolive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. Women at home, who are engaged in the statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first live will be sufficient, c. g., Farmer or Planler, For many occupations a single word or term on the tion is very important, so that the relative healthfulness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a defiuite salary), may be entered as Statement of occupation-Precise statement of occupa-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Tramples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (new report "Typhoid pneumonia"); Lobar pneumonia; Br. Topneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asaffection uced not be stated unless important. Exvalvular heart discase; Chronic interstilial nephrilis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerreral peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomenclasepsis, telanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the deal; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) Mcastcs (disease causing death), 29 ds.; Always qualify all diseases resulting from (Recommendations on statement of "PUERPERAL seplichae-For VIO-



	id state
	Shou
RECORD	PHYSICIANS of OCCUPA
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
PERM	stated Exact
S IS A	ould be
IK-THI	AGE sh properly
ING IN	supplied. may be p
UNFAD	Every item of information should be carefully supi CAUSE OF DEATH in pigin terms, so that it may Important. See instructions on back of certificate.
VITH	d be day, so
LY, W	shoul in terr
LAIN	in pla
ITE F	of Info
Wil	Item E OF
	CAUS
	N. B.

1 PLACE OF DEATH



Registration Dist. No.

...Ward)

[If death occurred in

FULL NAME 4/2 month	s felius Lale give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Slack Single, MARRIED, WIDDWED, WIDDWED, WIDDWED, WIDDWED (Write the word)	16 DATE OF DEATH Sefet 9, 191 5  (Month) (Ivy (Year)  17 I_HEREBY CERTIFY, That A attended deceased from
Sept 9, 15 (Month) (Day (Year)	Sept 9, 191/5 to Sept 9, 191 5, that I last saw hall alive on 191
7 AGE 4 2 mos fetus If LESS than 1 day,hrs. yrs. mos. ds. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.	2 Toronto from
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country.) Maryland  10 NAME OF FATHER WYSISCH Galv	Contributory Secondary  (Buration)  (Signed)  (Signed)  (Signed)  (Buration)  (Duration)  (Duration)  (Signed)  (Signed)  (Signed)
11 BIRTHPLACE OF FATHER (State or country)  MI  12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Thursdank	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds
(Informant) TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) rincess and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 9/9 ,1970 - 1/Joursh	20 UNDERTAKER ADDRESS

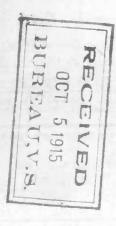
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Cure Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., scpsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Mcasles (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) denl; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," Never report



#### MARQIN

N. B.—Every Item CAUSE OF Important.

#### ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very PERMANENT RECORD UNFADING INK-THIS IS See instructions on back of WRITE PLAINLY, WITH

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No..

VII	age or City Original Chi(No. , ) 2FULL NAME Sarah Golds	St.; Ward)  [If death occurred to a hospital or institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE SINCLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Sept. 6 , 1915.  (Month) (Day (Year)  17 / I HEREBY CERTIFY, That Lattended deceased from
	ATE OF BIRTH  AN 18 , 1915  (Youth) (Day (Year)	that I last saw h 2 alive on Sept 6, 1915
7 A	If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
(a) par (b) bus	CCUPATION Trade, profession, or rticular kind of work	(duration) yrs. mos 3 ds.
	RTHPLACE (State or country)  10 NAME OF FATHER (State or Country)	Contributory Secondary  (Duration) yrs mos ds.  (Signed) f f f l
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  (July)		State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place in the of death yrs mos ds. State yrs mos ds  Where was disease contracted,
	(Informant)	If not at place of death?  Former or usual residence.
15	ed Sefet 8.1915 6 & Collins REGISTRAR	Huming Byry Grand Sept 8 1815
	If more blanks are needed, address State Regis-	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, State occupation at beginning of illbeen changed or given up on account of the nisease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tnmor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT NEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. BINDING FOR RESERVED MARGIN

V. S. No. 1.

PLACE OF DEATH 15858	STATE OF MARYLAND CERTIFICATE OF DEATH
County Chricesof	Registration Dist. No. 263
Village or City Not Virginia Har	St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jerush Caland (Write the word)	18 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH  apr 26 1915	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)  7 AGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 3 m.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Duration) yrs mos ds.  Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  10 NAME OF FATHER (State of country)  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  10 NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOT	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds
(Informant) Charles Selected (Address) Presences Seems May 1	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed M 2 , 1915 Monard Registran  If more blanks are needed, address State Regis	20 UNDERTAKER ODDRESS trar, V. E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore au cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupawho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. For many occupations a single word or term on the If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (7)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dieumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. "Collapse," "Coma," "Couvulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomeucla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakuess," Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ds.; State cause for Ex-



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SIGIANS should RECORD PERMANENT 0 PLAINLY Instructions = DEATH WRITE OF mportant. Every It m

STATE OF MARYLAND 1 PLACE OF DEATH Very CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in .....Ward) a hospital or institution. give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULA 3 SEX 16 DATE OF DEATH 5 SINGLE, MARRIED. WIDOWED, (Month) (Day (Year) ORDIVORCED Day (Year) (Month) 7 AGE It LESS than and that death occurred on the date stated above, s t day, .....hrs. as follows: OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPUACE OF FATHER (State or country) PARENTS \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ..... yrs. .... mos. ... State Where was disease contracted. KNOWLEDGE It not at place of death? Former or usual residence. OF BURIAL OR REMOVAL DATE OF BURIAL (Address)..... 15 ADDRESS REGISTMAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation -- Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. valvular heart disease; Chronic interstitial nephritis naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Causcpsis, tctanus) childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shoek," "Uraemia," "Wcakness," thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection used not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of State cause for For vio-



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pinous OCCUPATION PHYSICIANS RECORD PERMANENT AGE supplied. Ö of Im. DEATH In p OF Important. Every H œ.

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#### STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in St: Ward) Village or City a hospital or institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO. WIOOWEO. (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH , 191 4 to \_\_\_\_\_\_ 2 (Day) (Month) (Year) TAGE If LESS than and that death occurred on the date stated above, at 12 t day, .... hrs. as follows: OR ..... 7 3 mos. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF (Signed) FATHER PARENTS (Address) 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE Af place OF MOTHER (State or country State ..... yrs. Where was disease contracted, it not at place of death? Former or usuai rasidenca DATE OF BURIAL (Address). 15

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

causing neart, state occupation at beginning of Illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salcsman, (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." sepsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "l'uerperal scottchae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) dent; Revolver wound of hand-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably genital," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails LENT DEATHS State MEANS OF INJUBY and qualify as -Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never repor The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can death), 29 ds.: State cause for Examples: 01



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[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, or given up on account of the DISEASE CAUSING DEATH, only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Sulesman, (b) Grocery; (a) Foreman, (b) Autowrite None. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may he entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question -Cool mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated heod-homicide; Poisoned by SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, "Puerperal peritonitis," etc. birth or miscarriage as "Publiperal septichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bron-chapmeumonia (secondary), 10 ds. Never report mere cough; Chronic valrular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Struck by rollway train-accident; Revolver wound of "Anaemia" rent) affection need not be stated unless important. ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of..... "Coma," (merely symptomatic), "Atrophy, oma," "Convulsions," "Debility" The contributory (secondary or intercurcarbolic acid-probably State cause for which "Atrophy," ("Con-



V. S.

1 DI ACE OF DEATH

1	15862	CERTIFICATE OF DEATH
Cour	nty Success	Registration Dist. No. 269
Villa	ge or City Cleacup Mo.	St.; Ward) [If death occurred in a hospital or institution,
	2 FULL NAME arthur Georg	e McDaurel give its MAME instead of street and number.]
10	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Wale Wiote WIODWED Child	16 DATE OF DEATH Sept 10 (Month) (Day) (Year)
6 DA	(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
	Jeby 22 1915	1910, to Super 1910,
7 AG	(Month) (Day) (Year)  If LESS than	and that death occurred on the date stated above, at a.m.
	yrs. 6 mos. 2 /2 ds. OR min.?	The CAUSE OF DEATH * was as follows:
/(3	CCUPATION a) Trade, profession, or class orticular kind of work	Marasmus
(b	D) General nature of industry siness, or establishment in	
wh	nich employed (or employer)	Contributory (Asplays (a
98	(State or country) Princes and Mil	Secondary (Ourslion) yrs mos ds
	10 NAME OF LEONZE 21- M. Darriel	(Signod) Juliu Taby M. O.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Leleauf my.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
Œ	12 MAIOEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICTORS.
PA	eg an o other	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
	of Mother (State or country)	At place in the of deathyrsmosds. State,yrsmosds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,  If not at place of death?
14 T	(Informant) Leone W. Mc Daniel	Former or usual residence
	(Address) Cleaners mr.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	10/4 120/-1	20 UNOERTAKER ADORESS
FI	1ed 26/1 (1910)	En o Watran Pr. seesen
	REGISTRAR	1 1 1 action

[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). For persons who have no occupation whatever state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid. fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Confributory." (Recommendations and consequences (e. g., sepsis, tdanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICUDAL, or HOMICIDAL, or as probably such, if inpossible to determine definitely. Examples: Accidental drowning; lapse," "Conna," "Convu genital," "Senile," etc.), on Nomenclature of the American Medical Association.) head-homicide; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. Struck by railway train—accident; Revolver wound of etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" chopmeumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Careinoma, Sarcoma, etc., of..... or miscarriage as "Puenperal septichaemia," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Poisoned by "Dropsy," "Exhaustion," "Uracmia," "Weakness, carbolic acid-probably Never report mere



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RECORD statement PERMANENT stated EXACTLY. Exact properly classified. pinous UNFADING INK-THIS AGE carefully supplied. pe may WRITE PLAINLY, WITH should be

1 PLACE OF DEATH PHYSICIAMS should state of OCCUPATION is very 2FULL PERSONA 3 SEX DATE OF BIRTH 7 AGE 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of in business, or establishm which amployed (or emp certificate. 9 BIRTHPLACE (State or country 10 NAME OF ō OF FATHER (State or e on back ARENT 12 MAIDEN NA Item of information s See Instructions OF MOTHE OF MOTHER (State or c 14 THE ABOVE CAUSE OF (Informant) important.

(Address)

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution, give Its NAME Instead

NAME Vra Madul	of street and number.
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED. ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That attended deceased from
(Month) (Day (Year)  (Year)	that I last saw her alive on Sept 26, 1915, and that death occurred on the date stated above, at 30 7m.  The CAUSE OF DEATH* was as follows:
dustry, lent in loyer)  y)  Armeetta	Contributory Secondary  (Duration) yrs mos ds.
Hert M. Sulgar Suntro Francisco Co	(Signed)  State the Disease Causing Death, or. in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Ecla Joso  Builty Control of My Knowledge	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
muser Denn	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 9-27, 1915
Marsh Dah Local REGISTRAR	20 UNDERTAKER ADDRESS / ULCCCC

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care additional line is provided for the latter statement; cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from tctanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD.

ar City Relatifie (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 262  St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE   5 SINGLE, MARRIED, MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17   HEREBY CERTIFY, That I attended deceased from  1915, to 1915  that last saw houselive on a start 74, 1915
lout la Aryrs mos ds. If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 2.2 m. The CAUSE OF DEATH * was as follows:
1) Irade, profession, or riticular kind of work  1) General nature of lodustry siness, or establishment in lich employed (or employer)  IRTHPLACE (State or country)	Contributory Landras Lineas Chicago
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 DIPTURIACE	(Signed) TR. mes. da  (Signed) M. O.
OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	Al piaco of death yrs. mes. ds. Stats, yrs. mes. ds. Where was disasse contracted, If not al piacs of death? Former or usust rasidascs  19 PLACE OF BURIAL OR REMOVAL  PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS
	PERSONAL AND STATISTICAL PARTICULARS  TODOR OR RACE  COLOR OR RACE  COLOR OR RACE  MARRIED, MANUAL  MIDOWED  OR DIVORCED  (Write the word)  TE OF BIRTH  (Month)  (Day)  (Year)  (War)  (War)  Tage, profession, or allular kind of work  General nature of lodustry classes, or establishment in chemployed (or employer)  RTHPLACE  OF FATHER  (State or country)  10 NAME OF FATHER  (State or country)  112 MAIDEN NAME  OF MOTHER  (State or country)  ALE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever Never return If retired from "Laborer,"

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," meniningia indefinite); Tuberculosis of lungs, meniningia indefinite); Tuberculosis of lungs, meniningia indefinite);

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by corbolic acid-probably Struck by railway train-accident; Revolver wound of "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Caneer" is less definite; avoid use of or miscarriage as "PUERPERAL (secondary), 10 ds. Never report mere The contributory (secondary or intercur-"Dropsy," "Exhaustion," State cause for which septichaemia,"



1 PLACE OF DEATH PHYSICIANS t statement of STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in a hespital or institution. EXACTLY. give its NAME instead of street and number. ] RECORD classified D STATISTICAL PARTICULARS SINGLE, 3 SEX 4 COLOR OR RACE 5 18 DATE OF DEATH stated MARRIED. PERMANENT WIDDWED OR DIVORCED (Month) (Day) properly I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) TAGE if LESS than 20 it may and that death occurred on the date stated above. ш 1 day, hrs. G The CAUSE OF DEATH # was as follows: OR mio. ? OCCUPATION (a) Trade, profession, ur Iddus ons 20 (b) General nature of Industry terms, instructi business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Secondary 1D NAME OF FATHER 5 (Signad) pino (1) 11 BIRTHPLACE ENT OF FATHER (State or country) 4 \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, œ 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 EW 13 BIRTHPLACE of infor S OF MOTHER In the 60 (State or country) Stata, yra. Every item of in should state CA OCCUPATION Where wer dissess contracted, if not at place of death? Former er usual rasidance OF BURIAL OR REMOVAL DATE OF BURIAL ..., 1913 15 20 UNDERTAKER ADDRESS 0 ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer. Stationary fireman, etc. But in many eases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fiver (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping count: Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Scnile," etc.), "Tropsy," "Exhaustion," "Heart failure," "H morrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Ursamia," "Weakness," etc., when a definite disease can be accertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL. SUICIDAL, Or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of eause of death approved by Committee on Nomenclature of the American Medical Association.)

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1 PDACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. . If death occurred in Ward) Village or a hospital or Institution, give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICA 16 DATE OF (Month) (Day) attended deceased from 6 DATE OF BIRTH (Day) If LESS than 1 day, hrs. OR min. ? B OCCUPATION (a) Trade, profession, or particular kind of work b) General nature of Industry business, or establishment in which employed (or employer Contributory 9 BIRTHPLACE (State or country) ARENTS 191 V 11 BIRTHPLACE \*State the DISEASE CAUSING DEATH, or, in Seaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. OF FATHER (State or country) 12 MAIDEN LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER ....mos. ..... ..... yrs. (State or country) Where was disease contracted, if not at place of death? usual residencs OF BURIAL OR REMOVAL (Address 20 ANDERTAKE REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Daleo., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in .....Ward) a hospital or institution, give its NAME instead of street and number. <sup>2</sup> FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 OATE OF NGLE COLOR OR RACE (Month) (Day) ERTIFY, That attended deceased from 6 DATE OF BIRTH (Day) If LESS than 7 AGE occurred on the date stated above, at ...... 1 day, hrs. OR min. ? a) Trade, profession, or particular kind of work. (b) General nature of industry business, or establishment in (Duration) which employed (or employer Contributory 9 BIRTHPLACE Secondary (State or cour 10 NAME RENTS 11 BIRTHPL \*State the DISEASE CAUSINO DEATH, or, in ceaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER, (State or counts ot death .....yrs. ......mos. ......ds. State, .....yrs. .....mos. Where was disease contracted, 14 THE ABOVE it not al piace of desth?..... Former or usual residence OF BURIAL OF BURIAL OR REMOVAL (Address' 20 UNDERTAKER ADORESS REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever who receive a definite salary), may be entered as House-wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestie service for wages, as Servant, Cook taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. Coal mine, etc. Statement of Occupation-Precise statement of oecupavery important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If death occurred la

-Ward) a hospital or institution. give its NAME lostead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OFFRACE 5 SINGLE. MARRIED. WIDOWED. ORDIVORCED (Write the word) Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Day TAGE If LESS than and that death occurred on the date stated above, at.... 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ...... 9 BIRTHPLACE (State or country) Contributory..... Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country

of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State

Where was disease contracted. It not at piace of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

. 191.....

20 UNDERTAKER

ADDRESS

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the first line will be sufficient, e. g. Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of ocenpa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persous "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection used not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichaeetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Conventions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injnry, as fracture of skull, and eousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastcs (disease causing death), 29 "Senlic," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING MARGIN RESERVED V. S. No. 1.

1

County Saucesit 15869	STATE OF MARYLAND CERTIFICATE OF DEATH		
Village or City Orisle 7006, 2 FULL NAME Mattheas Evau's 21	Registration Dis St.; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH	
male Plate Single, Married, Wioowed Or Divorced (Write the word)	16 DATE OF DEATH (Month)	(Day) (Year)	
Sept 21, 1840 (Month) (Day), 1840	that I last saw h home alive on	7 ,1915,	
7 AGE  1 If LESS than 1 day, hrs. 0 R min.?	and that death occurred on the date sta The CAUSE OF DEATH * was as follow		
(a) Trade, profession, or Farmer  (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  (State or country)	Contributory Secondary (Buration)	yrs, mos ds.	
10 NAME OF FATHER Lawres Phaelins  11 BIRTHPLACE OF FATHER (State or country) Marrie In Malling  12 MAIDEN NAME OF MOTHER Queen Milling	(Signed)	in deaths from VIOLENT	
of MOTHER Allerer Milling  13 BIRTHPLACE OF MOTHER (State or country)  Marion Pris.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) At place In the of deathyrsmosds. State, Where was disease contracted, if not at place of death?	INSTITUTIONS, TRANSIENTS,	
(Informant) Jales IV brosurel	Former or usual residence		
(Address) Clrush mx	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL 191	
Flied , 191 REGISTRAR	20 UNDERTAKER	ADDRESS	
If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Screant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed wife, Hausework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomative engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiknow (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchapneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"PUERPERAL perilonitis," etc. State cause for which etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilanaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . "Anaemia" (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal septicharmia," "Coma," (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercurcarbolic acid-probably "Atrophy," ("Con-



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1 PLACE OF DEATH	STATE OF MARYLAND
15870	CERTIFICATE OF DEATH
Gounty 5	Registered No. 2 4
Village or City Morron (No	St; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  Month)  (Day)  (Year)	that I last saw h
7 AGE SUYS Boss ds. OR min.?	and that desth occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	Don Brow
(b) General nature of Industry, business, or establishment in which employed (or employer)	
9 BIRTHPLACE (State or country)	(Secondary)  (Duration)  (Duration)  (Duration)
10 NAME OF George Price	(Signed) LaBace, M.D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
of MOTHER Slla Sterling	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds.
(Informant) Leage True	Where was disease contracted, If not at place of death?  Former or  usual residence.
(Address) mosion m	19 PLACE OF BURIAL OR MEMOVAL DATE OF BURIAL  (Exobeth 1914
Filed 9-14, 191 J. F. Cellum REGISTRAR	20 UNDERTAKER ADDRESS Municipal Muni
If more blanks are needed, address State Registr	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic sérvice for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at heginning of illbeen changed or given up on account of the diseass Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite mine, etc. "Manager," "Dealer," etc., without more precise speciit should he used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, salary), may be entered as As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid meumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	PLAGE OF DEATH	STATE OF MARYLAND
Co	unt Jamerset	CERTIFICATE OF DEATH
00		Registration Dist, No. 260
Viti	lage or City hav Mistorni (No.	St.; Ward) [If death occurred
	$\Omega$	give Its NAME Instead
	FULL NAME ON MOUL	the Letters Unsequered and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, 2 mus	16 DATE OF DEATH
Mar	known Mute WIGOWED. Jelus (Write the word)	(Month) (Day (Year
6 0	ATE OF BIRTH	17   HEREBY CERTIFY, That attended deceased fr
0,	Colleten May 23.916	Sight 20, 1910, to Sight 25, 191.
	(Month) (Day (Year)	that I last saw h
7 A	IIII Taranal Had A child	and that death occurred on the date stated above, alunno
	yrs moy ds. OR min.?	The CAUSE OF DEATH* was as follows:
80		Muknown
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[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the msease fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precisc statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," ctc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report



#### RESERVED FOR BINDING MARGIN

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ODGUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 26

.....Ward)

[It death occurred in a hospital or institution.

FULL NAME John R	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white (Write the word)	16 DATE OF DEATH  Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
5 DATE OF BIRTH  5- 25 , 18.90 (Year)	that I last saw him allve on supt 3 1915
7 AGE  2 5 yrs. 3 mos. / 0 ds.   It LESS than 1 day,	and that death occurred on the date stated above, at 4-30 f, m,  The CAUSE OF DEATH * was as follows:  Practil Short Warms & Wround.
**OCCUPATION (a) Trade, profession, er particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Dy Honself, Jeste D. Mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF O O	Contributory (Secondary)  (Duration) yrs mos ds.
FATHER C.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
12. MAIDEN NAME OF MOTHER MOTHER PAUL	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death
(Informant) . Coulbourn	Where was disease contracted, If not at place of death?  Former or osual residence
(Address) Manus  Filet 9-6, 1914-9-2 aluma  REGISTRAR	Phace of Burial OR REMOVAL  DATE OF BURIAL  9-6-,1911  20 UN DERTAKER  ARDRESS  Prices Cinc
If more blanks are needed, address State Registrs	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication. as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Housewife, Housework, or At Home, and children, not I'hysician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puesperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Never report For VIO-



V. S. No. 1.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No 2 Ilf death occurred in St.;....Ward) a hospital or institution, give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED. (Month) Write the word) (Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above, 1 day, .... hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State \_\_\_\_\_ yrs, \_\_\_\_ Where was disease contracted. If not at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 15 29 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. causing dearn, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulessis of lungs, meninges, peritonaeum, etc., Carein-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medleal Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



S. No. 1.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD Every Item of Information should be CAUSE OF DEATH in plain terms, so 8

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 270

Village or City (No. )	St.; Ward)  [If death occurred in a hospital or Institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale James Single, MARRIEO, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17/// / I HEREBY PERTIFY, That I attended deceased from
6 DATE OF BIRTH  THELE 8  (Month) (Day (Year)	that I last saw her alive on Sept 1915
7 AGE    If LESS than f day,hrs. OR min.?	and that death occurred on the date stated above, at 11 .m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which amployed (or employed)	(Duration) yrs mos B ds.
which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER Claseice Somies OF FATHER (State or country)  Manyland (Matter Control of Manyland)  W 12 Matter NAME OF Somies Of Mother Control o	Contributory Secondary  (Buration) yrs mos ds.  (Signed) , M. D.  Sept 2391 S (Address) Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At piace the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted,
(Informant) Caseuse Soules  (Address) Cusfield State  15	Former or usual residence
Filed Seff. 6, 1915 6 6 College REGISTRAR	20 UNDERTAKEN ADORESS CUSCOS

If more blanks are needed, address State Registrar, 6 E. Franklin . Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coul material worked on may form part of the second first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid deneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonilis," etc. State cause for childbirth or misearriage as "Puerperal septichaccause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," nuere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Semile," etc.), may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustlon," Never report For vio-



carefully supplied. that it may be

should be

of Information

Item PO

N. B.—Every Item CAUSE OF Important.

WRITE

See instructions on back of certificate. DEATH in plain terms, so

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

RECORD

1	PL	A	CE	OF	DE	ATH

Somerset

County.



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Crisfield R D (No. Village or City

-Ward)

M death occurred in a hospital or Institution, give its NAME instead of street and nomber.]

Crisfield

FULL NAME	
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3 SEX M 4 CO		4 COLOR OR RAGE	6 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the WO	single
B D/	TE OF BIRTI	Sept.	28	,915
		(Month)	(Day	(Year)
<sup>7</sup> AC		yrs	mos1ds.	If LESS than  1 day,hrs.  ORmin.?
(a)	Trade, profession ticular kind of we	rk Nor	ıe	
bus	General nature o iness, or establi ch employed (or e	shment in	•••••	***************************************
9 81	RTHPLACE (State or coun	ntry) Mary	land	
	10 NAME OF	Radie H.	Sterlin	g
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  Maryland			
PAR	12 MAIDEN OF MOT	NAME Marie	Sterlin	ıg
	13 BIRTHPL/ OF MOTH (State of	ACE Mar country)	yland	
	HE ABOVE IS	W. F. Hal		LEDGE
	(Address)	Crisfi	eld	******************
16	self.	30, 1915 6.	E. Pools	Priest.

MEDICAL	CERTIFICATE OF	DEATH	
16 DATE OF DEATH	Sept.	29	, 1915
	. (Month)		
	CERTIFY, That I		
that I last saw h im. al			
and that death occurred (	on the date stated	above, at 8	A.m
The CAUSE OF DEATH*			
Undevelon	ed form of	Pno	
mature bi	24 to	***************************************	
	k	***************************************	
	(Ouration)	yrsr	
Gontributory Secondary			************
1 <sup>0</sup>	(Duration)	yrs	nosds
(Signed) W. F. H	all,		M F
Sept. 29,191 5 (			
*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOMI	AUSING DEATH, or, ns of Injury; an CIDAL.	in deaths fr id (2) wheth	om Violen
18 LENGTH OF RESIDEN OR RECENT RESIDENTS)		INSTITUTIONS,	TRANSIENTS
At place of death yrs mos.	In the	WPO	man d
Where was diseasa contracted, If not at place of death?			III05 81
Former or usual residence		000400000 annyanyo ao	
Asbury Cem		Sept.	URIAL 30 to 8

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER I. S.

Lawson

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthfulbeen changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can cause of death approved by Committee on Nomcncla-"Contributory." injury, as fracture of skuil, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Aiways qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medicai Association.) scpsis, tetanus) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head For vio-



V. S. No. 1.

	1 PLACE OF DEATH	15876-	STATE OF MAR	
Coun	1 Oouerne		CERTIFICATE OF	F DEATH
			Registration Dis	t. No. 2-60
Villa	ge or City Preces	a Cleaning to	St. Mord)	fif death occurred in
vina	de or Otty	aussi	SL; Ward)	a hospital or Institution, give its NAME Instead
•	<sup>2</sup> FULL NAME	mary The	vast.	of street and number.]
			1	
		TATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 SE	eenle Cal	MARRIEO, WIOOWEO OR DIVORCEO (Write the word)	16 DATE OF DEATH SULT (Month)	(Day) (Year)
6 04	TE OF BIRTH	(Witte the word)	17   HEREBY CERTIFY, That I att	ended deceased from
	)	11.11	1915, to Oe	, 1915,
	***************************************	(Month) (Day) (Yes	that Wast saw halive on	, 1915,
7 AG	E	If LESS 1	and that death occurred on the date Sta	ited above, at 622m.
a	faul- 68 yrs	mos. ds. 1 day,		· ·
8,00	CUPATION		- Hulmany gu	berculosea
(2	) Trade, profession, or ticular kind of work	Y/624		200202000000000000000000000000000000000
(b	) General nature of lodustry	/		
bus whi	siness, or establishment in ich employed (or employer)		(Ouration)	Vielensum ds. ds.
	RTHPLACE (State or country)		Contributory Deshetes	
	(State of country)	1.	(Buratign)	cheenen de
	10 NAME OF	P	(Signed) Clean C. 1/2	, M. O.
S	11 BIRTHPLACE	AMMY!	9/11 1915 (Address)	news Deme
PARENTS	OF FATHER (State or country)	220	State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; and (2)	in deaths from VIOLENT
E H	12 MAIDEN NAME OF MOTHER		SUICIDAL OF HOMICIDAL	
۵	Ur	re Courson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, I	NSTITUTIONS, TRANSIENTS,
	OF MOTHER (State or country)	· Soil -	Af place In the	yremoeds.
14 71	E ABOVE IS TRUE TO TH	E BESTIOF MY KNOWLEGE	Where was disease contracted,	, , , , , , , , , , , , , , , , , , ,
	11/601		tf not at place of death?	**************************************
	(Informant) MULLI	V Number -	usual residence	
	(Address) (Fru	is them 137W!	19 PLACE OF BURIAL OR REMOVAL	OATE OF BURIAL
15	0/5-	ast.	20 UNDEBTAKEN	ADDRESS
Cela	1915	REGISTRAF	/1/les / La	B- aum rul
7	If more	blanks are needed, address State Regist	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," The material worked on may form part Locomotive engineer, But in many cases, If retired from

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Branchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, hcad-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Ursemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, ctc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Caneer" is less definite; avoid use of The contributory (secondary or intercur-State cause for which Never report mere (Recommendations wound of



should is OCCUPATION statement PERMANENT 0 properl INK UNFADING back ATH in plain instructions EAT WRITE a 0 Important. Every m

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in -Ward) a hospital or institution, give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 4 COLOR OR RACE MARRIED, (Month) (Day (Year) ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day hrs. OR ..... ? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country State ..... yrs. \_\_\_\_ mos. \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. 14 THE ABOVE IS Where was disease contracted. If not at place of death?-Former or usual residence OF BURIAD OR REMOVAL 15 20 UNDERTAKER ADRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease S'ervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursnits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. material worked on may form part of the second (a) Spinner; (b) Cotton mill; (a) Salcsman, it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgwhich surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can thre of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, totanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OR HOMICIDAL, OR as probably LENT DEATHS State MEANS OF INJURY and qualify as "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

County Somench	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Museum (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White (Single, MARRIED, WIDDWED OR DIVORCED OR DI	16 DATE OF DEATH Sept 12, 1915 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw har alive on Self 9 , 191
7 AGE  It LESS than 1 day, hrs. OR min.?	The CAUCE OF DEATH & was so follows:
a) OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER ROCKLY SWIFT	Contributory Illa Celts Secondary (Suration) yrs mos / 5 ds  (Signed) Ferge Coultvisy M. 0
11 BIRTHPLACE OF FATHER (State or country) Somest Co	State the DINEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIOENTAL, SUICIOAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	OR RECENT RESIDENTS)  At place of deeth yrs. mes. ds. State, yrs. mos. ds  Where was disease contracted, if net at place of death?  Former or  usual residence
(Address) Mana (18 9-14 1-7.7 (8 da)	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  9-14, 1911
Filed , 191 V REGISTRAR  If more blanks are needed, address State Registrar	7. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

15878

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only whom needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used engineer, Stationary fireman, etc. cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in Never return "Laborer," But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, mus," "Old Age," "Shock," "Uracinia," "Weakness, head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL seplichaemia," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcomo, etc., of ..... under the head of "Contributory." cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. (name origin; "Cancer" is less definite; avoid use of by railway The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere (Recommendations "Exhaustion," nound



WRITE

No. 1.

02

RECORD

PHYSICIANS should state of OCCUPATION is very County. **2FULL NAME** statement PERSONAL AND STATISTICAL PARTICULARS stated EXACTLY. 3 SEX 4 COLOR OR RACE MARRIES wipewed, ordivorceo (Write the word) DATE OF BIRTH classified. (Month) (Day TAGE If LESS than pinous 1 day .....hrs. properly AGE BOCCUPATION (a) Trade, profession, or particular kind of work carefully supplied. may be (b) General nature of industry. business, or establishment in which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) that it 10 NAME OF FATHER 0 0 ARENTS 11 BIRTHPLACE DEATH in plain terms, OF FATHER (State or country) CO 12 MAIDEN NAME See instructions OF MOTHER of information 13 BIRTHPLACE OF MOTHER (State or country CAUSE OF Important. S (Informant) (Address' 15 1915 Trackelly Isras REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Bulto., Requesting V. S. No. 1.

15879

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

Ilt death occurred in a hospital or institution. give its NAME Instead of street and number.]

Can

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	19 101
(Month)	(Day (Year)
	t I attended deceased from
9 - 18, 191 5, to	9-18,1910
that I last saw h alive on	191
and that death occurred on the date stat The CAUSE OF DEATH* was as follows	
Contributory Secondary	yrs, mos ds.
(Duration)	yrsds.
(Signed)	Jan M. D.
*State the Disease Causing Death, Causes, state (1) Means of Injury; TAL, Suicidal, or Homicidal.	and (2) whether Acciden-
16 LENGTH OF RESIDENCE (FOR HOSPITA OR RECENT RESIDENTS) At place In the of death yrs	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
20 UNDERTAKER	ADDRESS

[Approved by U. S. Census and American Public Health Association-]

gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Heart failnre," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head TENT DEATHS STATE MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAULY.S.

OCCUPATION PHYSICIANS RECORD PERMANENT EXACTLY. classified. properly AG supplied. pe UNFADING may certificate. of WITH terms, should UO AINLY, plain Instructions information = DEATH See OF mportant. ш Every

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No It death occurred la St: Ward) a hospital or institution, give Its NAME Instead of street and number. I 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDDWED, (Month) (Dav ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 191....., to. (Month (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at.... 1 day .....hrs. OR ..... min. ? ..... mos, ..... ds. OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, of In deaths from VIOLENT Causes, state (1) Means of Injury; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER ot death ...... yrs. .... mos. ... (State or country) Where was disease contracted. It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address). 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1:

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[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or fudustry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But ln many first line will be sufficient, e. g., Farmer or Planter, For many occupations a stugle word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous "Foreman,"

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thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affectiou need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of..... (name origlu; "Can ete., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: such, if impossible to defermine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HIGHICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," ste. State eause for childbirth or misearriage as cause of death approved by Committee on Nomencla-"Contributory." scpsis, totanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medleal Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; "Seuile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae Never report EX-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

S. No. 1.

se carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state so that it may be properly classified. Exact statement of OCCUPATION is very PERMANENT RECORD 4 IS UNFADING INK-THIS Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it mi important. See instructions on back of certificate. WITH PLAINLY, WRITE N. B.

1 PLACE OF DEATH County Someisel	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 2 6 9
Village or City Dames Du appolir, 2 FULL NAME Nameless Infa	St: Ward)  [It death occurred I a hospital or Institution give its NAME instea of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX  4 COLOR OR RACE  MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH    Month   (Day) (Year)  17
Month) (Day) (Year)	that I last saw h allve on 191
7 AGE   It LESS than   1 day,	and that death occurred on the date stated above, at
CCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Still Borng Carral  (Duration) yrs. mos. ds.
BIRTHPLACE (State or country)	Gentributory (Secondary)
11 BIRTHPLACE OF FATHER OF FATHER (State or country)  10 NAME OF FATHER  ANNULY  LANGE OF FATHER (State or country)	(Signed)
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  10 MOTHER  10 MOTHER  11 MOTHER  12 MOTHER  13 BIRTHPLACE OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)  At place  In the
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) A Wey Law Jawen	of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place ot death? Former or usual residence
Address) Vaful Luaili	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL  20 UNDERTAKER  ADDRESS
Ellad 101	ADDRES

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[Approved by L. S. Census and American Public Health
Association.]

ness of various pursults can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (%)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin

injury, as fracture of skuli, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Puerperal septichae cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory tetanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent) (name orlgin; "Can State cause for Never report Examples:



If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

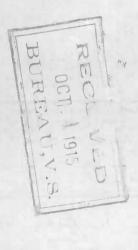
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[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhold diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause. Always qualify all diseases resulting from valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



#### PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

of information should be carefully su DEATH in plain terms, so that it m See instructions on back of certificate.

CAUSE OF Important. S

ż

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St; .....Ward)

fit death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Oming C // K	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Whate (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY. That I attended deceased from
7 AGE (Month) (Day) (Year)  7 AGE (JO /5 1 day, hrs.	that I last saw have alive on Port 21, 1915, and that death occurred on the date stated above, at
yrs. mos. ds. OR min.?  OCCUPATION (a) Frade, profession, er particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Buration) yrs. mos. 7 ds.  Contributory C of A Bobbarotic arter.
(State or country)  10 NAME OF FATHER Size Green  11 BIRTHPLACE (State or country). Some of Country)  12 MAIDEN NAME OF COUNTRY	(Signed) (Boration) yrs mos ds.  (Signed) , M. D.  State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA)  At place In the order of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, If not at place of death?
(Informant) John Millions (Address) morion mo	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  9-23, 191  20 UNDERTAKER  ADDRESS
FHed	acobiton Manny

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, ctc. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH	STATE OF MARYLAND
County Some et.	CERTIFICATE OF DEATH
County	Registered No. 740
Village or City mean & der (No.	St.; Ward)  [It death occurred is a hospital or institution give its NAME instead of street and number.]
FULL NAME	11
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH Dely 77 1910	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year  7 AGE If LESS 11 day, 2.3	han and that death occurred on the date stated above, at 8 A m
yrsds.   QRmin.  OCCUPATION  (a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	2 Several week was from prolonged before from de
9 BIRTHPLACE (State or country)  10 NAME OF FATHER	(Secondary)  (Duration) yrs mos ds  (Signed) OS. T. M. Jaugalia M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME D	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Cells Hayman  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death yrs
(Informant)	Where was disease contracted, It not at place of death?  Former or usual residence.
(Address) Zalen Sanning & Mil	19 PLACE OF BURIAL OR REMOVAL  SELF. 23, 1915  20 UNDERTAKER  ADDRESS  Salisbury
If more blanks are needed, address State Regi	strar, 6 B. Franklin St., Batto., Requesting V. S. No. 1.

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